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To:	Examiner Jonathan P. Ouellette	From:	John S. Sensny
Fax:	703-872-9328	Pages:	17 pages including cover sheet
Phone:		Date:	2/20/2003
Re:	U.S. Serial No. 09/706,645	CC:	
	Group Art Unit 3629		
	Docket No. YOR920000454US1 (13808)		

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1. Certificate of Transmission By Facsimile
2. Amendment Transmittal Letter (in duplicate)
3. Amendment Under 37 C.F.R. §1.111

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)Applicant(s): Dimitri Kanevsky, et al.

Docket No.

YOR920000454US1 (13808)

Serial No.

09/706,645

Filing Date

November 6, 2000

Examiner

Jonathan P. Ouellette

Group Art Unit

3629

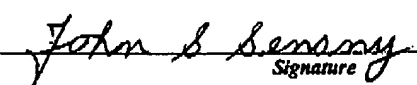
Invention: **VOLUNTEER NETWORK SUPPORT GROUP FOR PEOPLE WITH DISABILITIES****Official
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I hereby certify that this AMENDMENT UNDER 37 C.F.R. §1.111*(Identify type of correspondence)*is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9326)on February 20, 2003*(Date)*Grace Colucci*(Typed or Printed Name of Person Signing Certificate)*Grace Colucci*(Signature)*

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. YOR920000454US1 (13808)	
Applicant(s): Dimitri Kanevsky, et al.					
Serial No. 09/706,645	Filing Date November 6, 2000	Examiner Jonathan P. Ouellette		Group Art Unit 3629	
Invention: VOLUNTEER NETWORK SUPPORT GROUP FOR PEOPLE WITH DISABILITIES					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510/IBM A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ John S. Sensay Registration No. 28,757			Dated: February 20, 2003		
SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City, New York 11530 (516) 742-4343			<div style="text-align: center;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</div> <div style="text-align: center; border-top: 1px solid black; margin-top: 20px;">Signature of Person Mailing Correspondence</div> <div style="text-align: center; border-top: 1px solid black; margin-top: 20px;">Typed or Printed Name of Person Mailing Correspondence</div>		
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